

MARGIN RESERVED FOR BINDING. Every item of information should be carefully written in plain, with UNFADING INK. This is a permanent record. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B. - WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS ARIZONA STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

1. PLACE OF DEATH
County Mohave State _____
District or Township Kingman or Village _____
City Kingman No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number).
Local Registrar's No. 311

2. FULL NAME William F. Grounds
(a) Residence, No. Musio Mountain near Hackberry St. Arizona. Ward _____
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>Male</u>	4. COLOR or RACE <u>Cauc</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widowed</u>	
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>July 9 - 1894</u>			
7. AGE <u>36</u>	Years <u>6</u>	Months <u>18</u>	IF LESS than 1 day hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Stockman</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer <u>Fulerton County</u>			
9. BIRTHPLACE (city or town) <u>Arkansas</u> (State or country)			
10. NAME OF FATHER <u>Grounds</u>			
11. BIRTHPLACE OF FATHER <u>Not Known</u> (State or country)			
12. MAIDEN NAME OF MOTHER <u>Not known</u>			
13. BIRTHPLACE OF MOTHER _____ (State or country)			

14. Informant _____
(Address) _____
15. Filed July 8 1930 Walter B. Borne Registrar.
3 25074

MEDICAL CERTIFICATE OF DEATH	
16. DATE OF DEATH <u>July 4th</u> 19 <u>30</u> Month Day Year	
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH was as follows: <u>The death occurred at the home of deceased, with no doctor in attendance, but owing to advanced age and being surrounded by friends; I say, death from natural causes.</u>	
CONTRIBUTORY (Secondary) _____ (duration) yrs. mos. da.	
18. Where was disease contracted If not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? (Signed) <u>J. M. Hart</u> Coroner <u>XXXX</u> <u>July 8 1930</u> (Address) <u>Kingman Ariz.</u>	
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
19. PLACE OF BURIAL, CREMATION or REMOVAL <u>Hackberry Arizona.</u>	DATE OF BURIAL <u>July 8th, 1930</u>
20. UNDERTAKER <u>W. B. Borne</u>	ADDRESS <u>Kingman Ariz.</u>